PERSONAL & CONFIDENTIAL

Those Listed

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R. B. Seligman

Surgeon General's Report — Response

In a recent memo, Mr. H. Cullman called for action plans to respond to the recent Surgeon General's report. To that end, the technical management of the Research Center generated the following plans and strategies. These approaches divide into extramural and intramural activities.

EXTRAMURAL

The tobacco industry constantly is placed on the defensive and is forced to take a relatively passive stance in responding to questionable (or unfounded) assertions arising out of smoking and health studies. Despite the fact that there are potential legal risks in directly supporting and publishing studies to expose these ill-founded assertions, it is felt that we must enter this arena. In fact, it may be too late already to reverse the ground swell of public opinion which has emerged as a result of antismoking activity.

The Tobacco Institute has made a valiant attempt to change public opinion, but they have very little published information upon which to rely to support their efforts. Thus, proposed antismoking ordinances have been attacked on the basis of peripheral issues rather than by confronting the basic scientific merits of the smoking and health assertions underlying these proposed regulations. It would seem that the extant approach is a delaying tactic at best; — it is not a strong advocate position.

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Frequently, and with increasing regularity, major antismoking campaigns are mounted based on insufficient data. It is, therefore, vital that we take a carefully considered approach to blunt these attacks. It is our opinion that Philip Morris (or the tobacco industry) take a more aggressive posture to counterattack the antismoking movement. We're suggesting funding studies (primarily o outside the United States) with the intent to publish data which refutes specific assertions by the antismoking forces.

Assuming this is an acceptable precept, we can contemplate various levels of involvement:

1) Company Level - Controlled and sponsored by Philip Morris Incorporated. Studies would be conducted to deal with domestic and international problems affecting the Corporation and its products. In all probability, the studies would deal with relatively short-term problems. A lower level of funding is anticipated compared to the other scenarios.

   Little pro bono industry work would be done but strategy would be dictated by intelligent corporate self-interest and priorities.

2) Industry Level - Confined to the domestic industry's problems but recognizing the affect of adverse publications worldwide. At present, attempts to fulfill this function rests with the Council for Tobacco Research and the Tobacco Institute but results have had relatively little impact.

   These extant systems seem to lack a mechanism for establishing pertinent priorities and rapid response times.

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Our proposed program would establish a decision-making body to circumvent these deficiencies. Also, many of the studies would be directed to overseas laboratories.

3) International Industry Level - Attempts in individual countries, e.g., CTR, TAC, and the Verband unfortunately have tended to respond to issues nationally rather than internationally. This becomes increasingly ineffective when many of the attacks now are coming from international bodies like WHO, etc.

Response must be global in concept because adverse reports from any country immediately have worldwide impact (viz.; — Hirayama, Froeb/White, etc.). Thus, a major requirement would be to establish an international order or priorities because of the aforementioned synergistic and interactive affect of today's rapid communications.

This level of involvement would be the most difficult to implement due to the diverse aims of the large manufacturers who would have to lead this endeavor. This is the most expensive alternate in which one could envision establishing a laboratory to deal with supranational problems.

Some specific research suggestions follow. Implementation would vary depending on the authority level noted above.

1) Studies on human beings (see addendum for details).

2) The affect of sidestream smoke on experimental animals on a long-term basis. (See addendum for details.)

3) Repeat suspect or incomplete studies, e.g., Froeb and White. Also, develop experimental approaches for such studies in animals.

4) Explore the positive effects of smoking.

5) In the United States, establish a dialogue with the Surgeon General to determine a reasoned approach to the question of additives. This may be of particular importance in the far distant future when we may contemplate the use of other nicotinoids or non-nicotinoids as flavorants, etc.

INTRAMURAL

There are a number of programs which are in progress at the Research Center which address issues mentioned by the Surgeon General. These are delineated below along with several new proposals:

1) Continue developing products which are of low biological potential.

   a) Lowering tar levels for all existing brands and producing new brands in the ultra low tar category.

   b) Complete major CO-reduction programs for all existing brands, plus research into CO control via chemical, thermal, and microbial manipulation of the tobacco.

c) Continued research to control gas phase smoke (i.e., denitrification of tobacco to control NO_x in mainstream smoke).

d) Initiate sidestream smoke investigations to identify and control components. This is particularly germane because of the general public's antagonism toward smoking caused by the nonsmoker issue. Room aroma/odor are part of these investigations.

2) Develop a product with low ignition propensity and develop methodology to evaluate such products.

3) Explore and define the action of nicotine in the human, and if possible, optimize products utilizing this knowledge.

4) Develop an effective screening system for all new additives and prepare documentation to support this.

5) Conduct selective experiments on specific problems and be willing to publish these results in order to counter adverse external research. (Atmospheric monitoring of gases, which is on-going, is an example of this.)

In conclusion, let us say that we are mindful of the potential risks inherent in conducting the proposed extramural studies. Perhaps, as scientists, our view of risk/benefit has been distorted by trying to do battle without armament. We feel, however, that the thrust of our antagonists' position has been refocused to the non-smoker. Perhaps we should reassess our own risk/reward posture in this light.

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